

LSC POC - Lic only def.

PRINTED: 09/10/2013
FORM APPROVED

Division of Health Care Facilities

45th

10/20/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/05/2013
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF SPARTA		STREET ADDRESS, CITY, STATE, ZIP CODE 508 MOSE DRIVE SPARTA, TN 38583			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 001	1200-8-6 Initial Comments An annual Licensure survey and complaint investigation #32346 were completed on September 5, 2013, at Life Care of Sparta. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	N 001	additional education may be provided, the process evaluated/revised, and or the audits reviewed for 3 months or until 100% compliance is achieved. N 831 1. a) The Maintenance Director surveyed all tiles in dietary department to ensure there were no other areas of concern. b) The Maintenance Director tightened the door-hold open device before the end of Life Safety survey on September 03, 2013. Maintenance Department has inspected all door-hold open devices throughout the facility on September 17, 2013. No other door-hold devices were affected by the alleged deficient practice. 2. a) The Maintenance Director surveyed all tiles in dietary department to ensure there were no other areas of concern. b) The Maintenance Director tightened the door-hold open device before the end of Life Safety survey on September 03, 2013. Maintenance Department has inspected all door-hold open devices throughout the facility on September 17, 2013. No other door-hold devices were affected by the alleged deficient practice.	9/03/2013	9/17/2013

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

Q5RS11

If continuation sheet 1 of 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 09/05/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445421	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/03/2013
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF SPARTA			STREET ADDRESS, CITY, STATE, ZIP CODE 508 MOSE DRIVE SPARTA, TN 38583		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K9999	FINAL OBSERVATIONS Based on observations, testing and records review on 9/3/13, it was determined the facility was in compliance with the requirements of the Federal Register at 42CFR 483.70(a) using the existing Health Care Section (chapter 19) of the 2000 edition of the Life Safety Code and its referenced publications.	K9999	3. a) The Director of Maintenance will educate 100% of Dietary associates on completing work orders timely to expedite maintenance repairs by September 27, 2013. The Maintenance Director will educate 100% of Maintenance associates on ensuring work orders are reviewed daily and prioritized appropriately to expedite maintenance repairs and ensuring facility safety through proper door holder adjustments by September 27, 2013. b) Maintenance associates will inspect dietary department monthly to monitor for loose tiles and provide preventative maintenance as needed. Maintenance associates will inspect door-hold open devices monthly for 3 months to ensure no further adjustments are necessary.		

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Cathy M. Howe *Executive Director* *9-20-13*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF SPARTA		STREET ADDRESS, CITY, STATE, ZIP CODE 508 MOSE DRIVE SPARTA, TN 38583			
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N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the condition of the physical plant for safety of both residents and staff members.</p> <p>The findings included:</p> <ol style="list-style-type: none"> On 9/3/13 at 12:55 PM testing of the egress doors in 300 hall area revealed the door hold-open device was loose in the wall. The deficiency was corrected before the end of the survey on 9/3/13. On 9/3/13 at 2:45 PM observation within the dish washing area of the dietary, observation revealed some of the wall-base quarry tiles were loose. <p>These findings were acknowledged by the Maintenance Director and verified by the Administrator during exit interview on 9/3/13.</p>	N 831	<p>c) The Maintenance Director will add tile inspections to the monthly dietary preventative maintenance program checklist. Any deficiencies will be reported to the Maintenance Director, Executive Director, and Dietary Manager. The Maintenance Director will add door-hold open devices to the monthly "Quality Assurance and Ground Survey" to monitor devices. Any deficiencies will be reported to the Maintenance Director and Executive Director.</p> <p>4. a) The Maintenance Director/Maintenance assistant will present audit results to the Performance Improvement Committee.</p> <p>b) The Performance Improvement Committee consisting of Executive Director, Director of Nursing, Medical Director, Director of Rehabilitation, Director of Health Information, Director of Clinical Nutrition, Director of Maintenance, Director of Environmental Services, Business Office Manager, Director of Recreational Services, and Staff Development Coordinator will review results. If it is deemed necessary by the committee, additional education may be provided, the process evaluated/revised, and or the audits reviewed for 3 months or until 100% compliance is achieved.</p>		

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STATE FORM

Q5R521

If continuation sheet 1 of 1